

MINUTES
STATE AIDS TASK FORCE
(A subcommittee of State Board of Health)
March 4, 2008

Agenda item #1: Roll Call and Introductions

Larry Mastropierro, Chairperson, opened the videoconference and teleconference meeting at the Department of Education, Training, and Rehabilitation (DETR) office and Southern Nevada Area Health Education Center (AHEC) at 9:11 A.M.

Roll call taken and it was determined a quorum was present.

Attending from Carson City:

Beverly Schaeffgen (gst)	Bob Salcido (gst)	Lyell Collins (gst)
Julia Spaulding (gst)	Maria Canfield (gst)	Martha Fricano (gst)
Rebecca Huddleston (recording Secretary)		Steve Dion (gst)

Attending from Reno:

Bill Fuellenbach (gst)	Julia Bertuleit (gst)	Jennifer Howell (gst)
Jennifer Stoll-Hadayia (gst)	Larry Mastropierro	Lindsey Lightfoot
Rita Boyd	Trudy Larson	

Attending via telephone from Las Vegas:

Chris Reynolds	David Parks	Jeff Vollman (gst)
Linda Anderson (gst)	Marcie Jackson	Mary Ellen Harrell
Mary Guinan	Melva Thompson-Robinson	Rick Reich (gst)

VOTING members not in attendance:

Antioco Carrillo	Gary Vrooman	James May
Nedy Tollerstad		

Agenda item #2: *Approval of Minutes of November 8, 2007 meeting

Rita Boyd was listed as present on the meeting minutes and was not present. Ms. Boyd's name will be removed from the list of persons present and added to the list of voting members not present.

Motion:

Lindsay Lightfoot motioned to accept the minutes with the single attendance edit and Rita Boyd seconded the motion. The motion was approved unanimously among all voting members.

Dr. Trudy Larson of Northern Nevada HOPES was to discuss item # 8 and due to scheduling conflicts, will need to leave early. As Chairperson, Larry moved to hear the items on the agenda out of order.

Agenda item #8: *Discussion and possible recommendations for fundraising of HIV services

Dr. Trudy Larson wanted to acknowledge that the federal funding for grants is tenuous. To continue to offer current services, particularly social services, there is a need to identify other possible funding sources, such as fundraisers, either statewide or at the local levels. Dr. Larson believes that better visibility of local and statewide HIV/AIDS events would be beneficial. Rita Boyd questioned how and what might work most effectively. Rita also asked what events and fundraisers are scheduled that could benefit from increased visibility. It was noted that in Northern Nevada, the AIDS Walk and the Black and White Ball are held on an annual basis and serve as major fundraisers. Mary Ellen Harrell stated that in Southern Nevada, AFAN does several activities and that Golden Rainbow also depends heavily on fundraising to keep its organization functioning. Golden Rainbow provides assistance to HIV positive patients for food, rent, and utilities. Noted also was that the Northern Nevada Outreach Team (NNOT) also does several activities throughout the year to raise money for purchase of items, such as condoms, for distribution during events. It was noted that a statewide fundraiser might be more beneficial than those held at local levels, but there were questions regarding who would organize it and how the event would be coordinated in both areas of the state. Though the State AIDS Task Force is a statewide entity, Larry reiterated Dr. Larson's comment that the group serves to get the begin dialogue and that it may not be appropriate for the Task Force to actually do the fundraising. Larry asked Deputy Attorney General Linda Anderson her recommendations on this matter. She stated that fundraising by the Task Force could be seen as a conflict of interest since the Task Force is an advisory council. The Task Force could not actually do the fundraising in itself, but could assist in publicizing the events. Sharing effective fundraising ideas and publicizing events statewide through the Task Force could prove useful for the members. In the past, the Task Force has publicized events in both the South and the North through press releases. One of the responsibilities of the Task Force is to determine the needs related to HIV/AIDS prevention and care in the state. If grant funding continues to decline, the ability to expand and even maintain current HIV/AIDS services, especially social services, will be compromised.

Jennifer Stoll-Hadayia had the State AIDS Task Force by-laws available and stated that one part of the group's mission as a Task Force is to serve in an advisory capacity for other groups. As is such, publishing a statewide calendar of all fundraising activities and other HIV/AIDS events in a centralized location, such as the Task Force website (located on the Nevada State Health Division's website) would serve this purpose. Julia stated that she could take the lead in completing a monthly calendar and uploading it the website. Sudden changes in events might not be updated within the noted timeframe.

Dr. Guinan stated the importance of transparency in fundraising. The persons contributing to the fundraiser need to be aware of how the donation will be used and to whom the donations will be given. There would need to be an outcome measure and specific accountability for fundraising efforts. It is important to know if the money raised will be used for client services or overhead.

Jennifer Howell stated that the organization planning the fundraiser would be able to determine how the funding would address the needs of that organization. It is believed that the local organizations would appreciate Task Force support and participation in events, but refrain from focusing on how the funding is spent, as it will be based on the specific organization's current need and cannot be generalized on a statewide level. The Task Force support could lend creditability and visibility for these events.

Dr. Larson noted that from the ongoing conversations, there is no real sense of all the current events going on in each locality. Therefore, the Task Force needs to serve as the conduit for statewide HIV/AIDS events. Additionally, a statewide statement of need to identify where the areas of resources are needed should be drafted by the Task Force. The Task Force could be like a clearinghouse for this information. Larry stated the Northern and Southern Nevada Planning Councils could be a good source for that information and should be included in this conversation. A resource inventory of fundraising and other HIV/AIDS events could be developed. Larry also stated that organizations doing fundraising for client services, like housing or social services, as opposed to overhead or administrative costs might be more supported by the community. Dr. Larson noted the benefits of completing a statewide needs assessment and Jennifer Howell stated that there was a recently completed needs assessment.

Marcie Jackson, from Southern Nevada AHEC, noted that funding provided through grants, be it state, federal, or private, are tied to a specific scope of work that specifies exactly what portion of funding can be spent on services and the limit set on administrative costs. When AHEC has a chance to do fundraising, they do not want money to be tied to a just one service, but to allow the flexibility to be used for administrative cost or rent. Most HIV Community Based Organizations (CBO's) are in the same situation. Current funding needs of an organization can change rapidly and defining exactly how fundraising money can be used may be detrimental. Though the Task Force may recommend funds raised through community fundraising events go to client services, it may limit the effectiveness to utilize the money raised. If a CBO does not have sufficient funds to pay rent or administrative cost, raising funds for services will not be useful if the organization would have to close due to inability to fund operations.

The Task Force did not want to exclude any organization from fundraising, though there is the need to identify fundraisers and what exactly that money is going to be spent on, whether operating costs or services to allow for transparency. It was asked if AHEC provides services to clients. Marcie answered that AHEC is an educational center and does not provide specific client services. It was stated that the Task Force supports all types of work in all the communities, and that showing statewide unity at events should be a priority of the group.

Bill Fullenbach, from Northern Nevada HOPES, stated that organizations need to be careful to identify exactly where the funds raised are going. Fundraising monies are quite often used to fill the holes in other funding sources. Grants could become available to do the project/service that the money was originally raised for and the funds could be better spent on a different project or service. Larry stated that fundraising efforts need to be more fully publicized and transparent. For example, if an organization is doing a fundraiser, it needs to be stated that 90% is for a project and 10% for administrative cost. The public does not mind providing support for operating expenses, but there is need to know how money will be spent.

Jennifer Stoll-Hadayia stated that the Statewide Planning Council is coming together again and that one item they are working on is a resource inventory. The group finished the discussion by stating that the resource inventory could include questions about fundraising and the allocations of funds raised and how funds will be spent. By the end of the year, the Statewide Planning Council could present a complete statewide picture and report it to the Task Force.

Motion:

Dr. Larson made a motion that:

- 1) the Task Force would complete an immediate assessment of current fundraising activities and HIV/AIDS events statewide, and Julia volunteered to coordinate this project and develop a calendar for the website, and
- 2) questions would be added to the prevention plan so the Task Force can better understand current resource allocations and the resources needed.

Mary Ellen Harrell seconded the motion. The motion carried unanimously.

* It was noted that introductions were never completed at the beginning of the meeting due to technical difficulties with the videoconferencing. The members in Reno introduced themselves. Dr. Larson asked that the members and guests in the South re-introduce themselves since they were lost via videoconference in the beginning of the meeting. The introductions completed at this time.

Agenda item # 3: Quality Management Committee Report

Jeff Vollman stated that the Quality Management Committee met and nominations were taken for a chairperson. Jeff and Beverly Schaeffen were nominated and accepted being co-chairs. As there has not yet been a full meeting of this committee, it was decided that the committee would meet prior to the Task Force meetings to discuss issues and give updates to the group.

Agenda item # 4: HIV/STD co-morbidities update

Julia Spaulding, from the State, did a “fast facts” sheet on both HIV/AIDS and sexually transmitted diseases (STDs). The typical lag in time to report HIV/AIDS data is about a year to allow for verification of the data, reporting delays, and to ensure there is no duplication of information in the report. The HIV/AIDS Surveillance Program will be completing a match of the STD and HIV/AIDS databases to analyze co-morbidities. The program is also working with Professor Chris Ryan from the GIS Program at WNC in Carson City to do geo-coding of HIV/AIDS and syphilis data. This will be done by zip code to illustrate where new cases of disease are occurring. Jennifer Howell asked if databases with information on gonorrhea, chlamydia, and unplanned teen pregnancies could be matched. Jennifer stated that this could relate back to showing the need for prevention services in sexual health. Julia stated that it could be possible. Julia stated the teen births could be done by matching the birth registry with the STD-MIS system. Jeff Vollman stated that the data presented in the HIV/AIDS fast facts are very shocking and this shows that there is a substantial need for prevention and client services in Nevada.

Julia stated that she or Bob Salcido can be contacted for specific data requests based on individual need. It was noted that providing national rates to correspond to local and state rates would be beneficial to illustrate how Nevada compares to the nation. Julia said she would edit the report to include the national data.

Agenda item # 5: *Discussion and possible nominations for a new Chairperson for 2008-2010

Larry asked Linda, before going further into discussion, if a non- task force member could be nominated to be Chairperson of the Task Force. To her knowledge, it could be done, though it would be better to have that person become a member.

Larry stated that there was an email sent out for Chair nominations and only one was received thus far. The nominations were opened to discussion. A letter of interest and biography was received from Chris Reynolds. Biographies are requested so that they can be forwarded to the Board of Health for approval. Larry said if there were no objections and no other members interested in nomination, this letter and resume could be forwarded to the Board of Health for their June meeting agenda. Chris Reynolds was asked to give a brief history and explain his interest.

There was a point of concern brought up about electing a government employee as a Chairperson and potential conflict of interest. Chris explained that his membership status in the Task Force is not to represent Southern Nevada Health District, but to serve as a person with HIV/AIDS. If there was an issue brought to the Task Force that could possibly be a conflict of interest the issue could be addressed by the Vice Chair.

David Parks did state that he has been Vice Chair for the past two years and only read the email about the nominations for Chair the previous day. David did offer his services as Chairperson, but stated that he could also continue as Vice Chair. David did note that his service as Vice Chair could be beneficial to the Task Force moving forward with the legislative session.

As a point of clarification, someone asked if there was supposed to be one representative from the North and one from the South, as both current nominees were from the South. Larry stated that he knew of nothing that said there had to be a representative from each side of the state as long as the lines of communication were kept open for all parties involved.

Dr. Guinan asked about members having alternates. She would like to have an alternate for herself, as a medical representative, for when she was not available. Lyell stated that she could name a proxy, but that did not mean they could be voted in as a member. Dr. Guinan stated she would work with April on appointing a proxy for herself.

Motion:

Rita Boyd made the motion to accept Chris Reynolds as Chairperson and to forward his interest to the Board of Health for approval in June. Melva Thompson Robinson seconded the motion and the motion carried unanimously.

Dr. Larson motioned to accept Davis Parks as Vice Chairperson and Lindsay Lightfoot seconded the motion. The motion carried unanimously. David was thanked for his continued efforts as Vice Chair for the Task Force.

Larry stated he would pass this information on to April and request this get on the agenda for the June Board of Health meeting. If approved by the Board of Health, Chris would officially become Chair in October and David would continue as Vice Chair.

Agenda item # 6: * Discussion of the future funding and recommendations that sustainability be addressed in the Request for Proposal and award process.

Larry noted that this item was added to the agenda due to conversations about funding cuts for HIV Prevention and HIV/AIDS services. Though many grants appear to have flat funding, due to inflation and increased cost to deliver services, level funding is actually a decrease to the programs. Larry noted that during the Request for Proposal (RFP) process, there is a need to require a sustainability plan. For example, if you request funding for the 2008-2009 funding cycle, what are the plans for sustainability should the funding dissolve? Relating back to the previous conversation about fundraising, how can this be included? Providing a service that could be cut in the near future if funding is reduced is a disservice to the community. Jennifer Stoll-Hadayia asked Larry if he was in reference to the counties in the RFP process in regards to sustainability. Washoe County already requires sustainability planning of their grantees. Lyell Collins stated that the funding provided through the State HIV Prevention Program to the counties also requires sustainability planning. This is for the Prevention side of funding and he would not be able to speak for Ryan White. He was unsure if Ryan White does an RFP process. This inquiry could be deferred to Nikki Isaacs when she would be available at another meeting.

Marcie, from AHEC, stated that every time she has written a grant that she had to explain her sustainability as part of her grant request writing process. Larry explained his concern and request for more information as a concerned citizen or client of the community. In the past, organizations have developed programs or services and when funding was eliminated, so was the service/program without explanation to the clients. This causes confusion in the community.

Lyell agreed and noted that it reasonable that the Task Force question program's ability to sustain services with funding cuts. There are agencies out there that don't have a sustainability plan if funding does disappear.

Jennifer Howell, from Washoe County, noted that as a fiscal agent, there needs to be the sustainability for Prevention or Care programs. She has found that what is sometimes not explained to clients, from other agencies, is that this is the only funding stream for the specified activity. Even if fundraising is done, it may not be enough to sustain the program. Care services are being cut or diminished and clients are calling the Health Departments and asking what kind of help is out there, because there was a program they were going to and now it is gone and people do not understand why. There is a lack of communication. People do not always understand the funding resources. They just know that they did have a service and now they do not. Chris, from Southern Nevada Health District, also stated that they require sustainability plans in their RFP process.

Melva Thompson-Robinson stated that there are several things that she has seen in regard to this item. There needs to be communication between clients and agencies to identify that programs might only be for a set amount of time and the clients need to understand the length of a program. Secondly, all agencies, in theory, are getting funded and showing sustainability plans. In reality, the need to show sustainability is there, but there also needs to be a form of accountability for that sustainability. There needs to be some way of showing how the grantee is going to implement the sustainability plan. Things can change in six months or three years and the sustainability plan may be unrealistic. It needs to be shown that this program can reasonably continue. Rita Boyd stated that there can always be a need to change plans even in mid project.

Sustainability is sometimes hard, especially for non-profits. To follow up on the communication aspect of this, clients do need to be kept informed about funding and funding constraints. This will provide better respect in the community and cut down on misunderstandings and complaints.

Though RFP's are shown to include sustainability plans, there is a need for better communication to clients that a program may only be in place for "x" amount of months or it is just a pilot program with limited funding.

Though this agenda item was noted as requiring member action, it was written more for discussion than action. No action is required at this time.

Agenda item # 7: * Discussion and possible recommendations of the 2009 Legislation

Jennifer Stoll-Hadayia commented that in the last meeting, the Task Force discussed Bill Draft Requests (BDR's) for the next legislative session. Jennifer believes that BDR's can start to be submitted as early as September this year. Jennifer stated that since the Task Force was successful the last legislative session with the bills being passed the group could again play an active role in future bills. The Sexual Health team had a meeting recently in Washoe County and there is a consensus that there are three primary areas of need. The three areas of strong need, especially in Washoe County, are:

- 1) HIV testing for entry and exit of jails, which is already in place in the Department of Corrections (prison). HIV is notably high among persons in correctional facilities than the general public. In Washoe County, HIV testing is done on a regular basis in jails, but as far as statewide, it unknown if this is a regular procedure.
- 2) Expanding on AB 443 of universal testing and possibly being able to redirect funds to non-sexual health environments, like family practice offices, the emergency rooms, and other places where people seek routine medical care.
- 3) Increasing availability of rapid HIV testing in Nevada. Currently, it is very difficult to get providers to do rapid testing and the medical certification training needed to do so.

Rick Reich in Las Vegas stated that on any given day in the county jail, there can be anywhere from 28-2,500 persons booked. HIV testing in jails is voluntary (it is not voluntary in prisons). With a high number of the persons incarcerated, there is a 30 to 60 day turn over. In the city jails there are anywhere from 5-700 persons a day, in Henderson there are approximately 200 a day, and in North Las Vegas there are approximately 200 a day. For some of these persons, there are repeat visits. Just for the female population, there are about 500 women incarcerated and tested for syphilis monthly in Clark County. That is about 6,000 annually. Among the male population, there are about 2,000 monthly. Testing and tracking such large number of persons is a logistical and costly endeavor. Without additional funding, it will be impossible to follow through with this request. Jennifer stated that this is the reason for the bill request. Right now, Washoe County is using all their available resources for funding these tests. If this testing was state mandated the Legislators would need to come up with the funding.

Dr. Larson thinks that out of those priorities, the HIV rapid testing really needs the attention now. There is technology that can have a test done, without using a needle and have results in about 20 minutes. This is the perfect test for outreach and is something that needs to be promoted now. Noted was that lighting and temperature control can play a huge role in the reading the rapid tests and they do have their issues. Chris Reynolds also noted that drinking can

affect the test, if the testing is done in a bar. If the test did come up positive, then blood must be drawn to verify the results.

Jennifer Stoll-Hadayia stated she understood that there needs to be more stringent training and quality assurances done first. Jennifer would also like to see a more modest process for certification while keeping the stringent process for the testing. Rick Reich stressed that quality assurance is extremely important and that the test kits are only good if tested in temperatures up to 80 degrees. In Las Vegas in the summer evenings, the temperature can still be at 101 degrees, making the test unusable. Luckily, there have been no false positives reported. The group that was doing testing outside the specifications required of the test kits never applied to Bureau of Licensing and Certification (BLC), for doing testing. Rick has requested that BLC come and talk to this group about testing and procedures that need to be followed.

Algorithms are being proposed and coming out nationwide for rapid testing that state if 2 rapid tests are done and both are positive, then the person tested is assumed to be HIV positive and counseling and resources are given. There needs to be built-in controls to allow staff to follow this algorithm and financial capabilities to sustain the testing. It would need to be followed up with an R&A test, which at minimum is \$110.

David Parks noted that there has been a decrease in the availability to submit BDR's. There are several deadlines that need to be followed with submission of BDR's. The first draft deadline is September 1st and the next deadline being in December. David did offer to do the bill drafts for the Task Force from his office at the Legislative Council Bureau (LCB). It was noted that the 3 recommendations are worthy of further review. It would be useful to investigate these priorities and combine if possible. Also, the group will try to solicit more ideas for BDR's by the next meeting. This could be followed up at the June meeting.

It was suggested that there could be more discussion generated via email for this topic before the next meeting. The suggestion came that there be an ad-hoc committee/group created to work on this. It was noted that if the Task Force did create an ad-hoc committee that it is bound by open meeting laws. Jennifer Stoll-Hadayia and Lyell Collins stated that they could not write anything for legislation due to their positions, but could provide the information needed. Jennifer Howell stated that since the Task Force has several months between meetings, discussion should be held in the interim so no time is wasted. Maria Canfield pointed out that if the group felt this strong about having this committee; the State staff could assist with agendas and posting, to follow Open Meeting Laws. Noted was that this could be a good fact finding mission and that this would be a good opportunity for the public and colleagues to have input.

Motion:

Rita Boyd made the motion to create an ad-hoc committee and work on gathering information to create BDR's and Lindsay Lightfoot seconded the motion and the vote passed unanimously.

It was decided that the first meeting would be in April and it could be done via teleconference at HOPES in Northern Nevada and a location could be decided on in Southern Nevada.

Agenda item # 9: Discussion of changes in Ryan White

Gary Vrooman was not present. This agenda item will be postponed until next meeting.

Agenda item # 10: Public comment-No action items and limited to 3 minutes.

Larry read off an email received by Robinette Bacon about her new contact information and some updated agency information. The Department of Education just received a reviewer score

of 92% and the grant received was for \$273, 186 for HIV Prevention and Youth Risk Behavior Survey administrative cost.

Steve Dion reported that the state received additional federal funding for HOPWA for 2008-09 year. It has increased from \$219,000 to \$228,000 for the Northern region and in the Las Vegas area there was an increase from \$897,000 to \$952,000. On the average, that is about a 5 ¾ % increase statewide.

Chris Reynolds announced that on May 3rd there will be testing and vaccinations at the Gay Pride event in Southern Nevada. In June, it is National HIV Testing day. Also, AFAN is now in their new building and had an open house.

Larry asked that members look at their calendars and get back with April for some available dates in June for the next Task Force meeting. June's meeting will be via videoconference and the next face-to-face meeting is scheduled for October, based on funding availability.

Agenda item #11: *Adjournment

Larry noted that there were no other comments and asked for the motion to adjourn.

Motion:

Chris Reynolds made the motion to adjourn and Rita Boyd seconded the motion. Motion passed unanimously.

Larry adjourned the meeting at 11:07 AM.